

STATE of MAINE CHEMICAL INVENTORY REPORTING FORM

Location #3			
Maximum Amount Present: _____ lbs		Days on Site: <input type="text"/> <input type="text"/> <input type="text"/>	
Average Daily Amount in Storage: _____ lbs		Storage Code: <input type="text"/> - <input type="text"/> - <input type="text"/> (see instructions, page 4)	
Maximum Capacity per Single Vessel: _____ lbs			
Description of Storage Location:			
Total for all Locations:			
Total Maximum Amount: _____ lbs		Total Daily Average: _____ lbs	
Section 4: Transportation if a transportation map has been included, check here <input type="checkbox"/>			
Mode of Shipment:			
<input type="checkbox"/> Truck <input type="checkbox"/> Tank Truck <input type="checkbox"/> Rail Car <input type="checkbox"/> Tank Car <input type="checkbox"/> Pipeline <input type="checkbox"/> Barge <input type="checkbox"/> Other (specify) _____			
Frequency of Shipments		per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	
Maximum Quantity of Shipments: _____ lbs			
Average Quantity of Shipments: _____ lbs		Packaging Code: <input type="text"/> - <input type="text"/> - <input type="text"/> (see instructions, page 4)	
Maximum Capacity per Single Vessel: _____ lbs		Physical State in Transit: <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas	
Major Transportation/Rail Routes through Maine, from Point of Origin or Entry, to Facility:			
Transportation Carrier Name:		Telephone: ()	
Address:		Emergency Contact:	
City:	State:	Zip:	24-hour Telephone: ()
Section 5: Certification			
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the documents, I believe that the submitted information is true, accurate and complete.			
Owner/Operator or Authorized Representative:			
TYPE or PRINT NAME:		Title:	
Signature:		Date:	
Remember to: <ul style="list-style-type: none"> • Fill out Inventory Fee Work Sheet • Send copies of this form to: <ul style="list-style-type: none"> ✓ your local fire department, ✓ your county Emergency Management Agency ✓ Maine Emergency Management Agency <p style="margin-left: 40px;">72 State House Station Augusta, Maine 04333-0072</p>		Attention EHS Facilities: <ul style="list-style-type: none"> • Facility Plan: <ul style="list-style-type: none"> ✓ Date of Last Update: _____ ✓ LEPC Review/Acceptance <input type="checkbox"/> Yes <input type="checkbox"/> No • Facility Plan Exercise: <ul style="list-style-type: none"> ✓ Date of Previous: _____ ✓ Date of Next: _____ • Does your Facility Emergency Coordinator participate in LEPC meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No 	